

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000118574

FILED  
Apr 30, 2005  
Secretary of State

Entity Name: HANDY HOWE'S HANDYMAN, INC.

## Current Principal Place of Business:

6710 GARBRILLIE ST  
TAMPA, FL 33611

## New Principal Place of Business:

6710 GABRIELLE STREET  
TAMPA, FL 33611 US

## Current Mailing Address:

6710 GARBRILLIE ST  
TAMPA, FL 33611

## New Mailing Address:

5408 ST JAMES DRIVE  
NEW PORT RICHEY, FL 34652 US

FEI Number: 80-0121815

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HOWE, CHRISTOPHER  
6710 GARBRILLIE ST  
TAMPA, FL 33611 US

## Name and Address of New Registered Agent:

DREW, KELLY L  
5408 ST JAMES DRIVE  
NEW PORT RICHEY, FL 34652 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KELLY L DREW

04/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HOWE, CHRISTOPHER  
Address: 6710 GARBRILLIE ST  
City-St-Zip: TAMPA, FL 33611

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HOWE, CHRISTOPHER  
Address: 6710 GABRIELLE STREET  
City-St-Zip: TAMPA, FL 33611 US

Title: S ( ) Change (X) Addition  
Name: HOWE, CHRISTOPHER  
Address: 6710 GABRIELLE STREET  
City-St-Zip: TAMPA, FL 33611 US

Title: T ( ) Change (X) Addition  
Name: HOWE, CHRISTOPHER  
Address: 6710 GABRIELLE STREET  
City-St-Zip: TAMPA, FL 33611 US

Title: D ( ) Change (X) Addition  
Name: HOWE, CHRISTOPHER  
Address: 6710 GABRIELLE STREET  
City-St-Zip: TAMPA, FL 33611 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER HOWE

P

04/30/2005

Electronic Signature of Signing Officer or Director

Date